



Participant Registration Form

Participants of AIM **MUST** be a member of the ATA

ATA Membership+AIM Fees=\$25 AIM Fees Only (current ATA Members only)=\$13

Payment Method: Check MC Visa Credit Card Number: _____

Expiration Date: _____ Last 3 digits on back of card: _____

Name on card: _____

Participant Information

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Birthdate: ____/____/____ Male Female Grade in School: _____

Current ATA Member? Y N ATA Membership Number: _____
(You **MUST** be a member of the Amateur Trapshooting Association to participate in AIM. ATA Annual dues for AIM members is \$12 in addition to the \$13 registration fee.)

Category Declaration Pre-Sub (11 & under) Sub-Junior (12-14)
 Junior (15-18) Senior (18-23)

School or Club Affiliation: _____

Coach Information

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: (____) ____-_____

E-Mail: _____

Parental Consent and Contact Information

I/we knowingly and willingly agree to indemnify and hold harmless the Amateur Trapshooting Association, its officers, directors, authorized agents and/or volunteers from any and all claims or causes of action arising from or associated with our participation in the AIM program.

(Parent/Guardian Signature)

(Date)

Name: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: (____) ____-_____ E-Mail: _____

Please return this form along with payment to:
Amateur Trapshooting Association/AIM

1105 East Broadway PO Box 519
Sparta, IL 62286
Fax: 866-454-5198
Phone: 618-449-2224

Email: aim@shootata.com